DOCUMENT RESUME

ED 285 068 CG 020 110

AUTHOR Forman, Bruce D.
TITLE Neuro-Linguistic Programming in Couple Therapy.
PUB DATE Oct 86
NOTE 11p.; Paper presented at the Annual Conference of the American Association for Marriage and Family Therapy (44th, Orlando, FL, October 23-26, 1986).
PUB TYPE Reports - Descriptive (141) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Affective Behavior; *Cognitive Restructuring; Cognitive Style; *Counseling Techniques; *Emotional Response; Interpersonal Competence; *Interpersonal Relationship; Marriage Counseling; Neurolinguistics
IDENTIFIERS *Couple Therapy; *Neurolinguistic Programming

ABSTRACT

Neuro-Linguistic Programming (NLP) is a method of understanding the organization of subjective human experience. The NLP model provides a theoretical framework for directing or guiding therapeutic change. According to NLP, people experience the so-called real world indirectly and operate on the real world as if it were like the model of it they have constructed. If a client has a problem, it is due to a limitation in his/her model of reality. In couple therapy, there may be a problem with one or both members' model or with the couple's shared reality. In using NLP in couple therapy, meta model questioning techniques for clarifying relationship goals can be effective in defining issues and establishing well-formed outcomes. Another NLP tool useful in couple therapy involves "collapsing anchors," with anchors being classically conditioned stimuli. Clients are taught to recognize negative anchors and to replace them with positive anchors. Family of Origin work is also a useful technique for understanding the sources of trauma and how dysfunctional patterns of relating to others were developed. In NLP the emphasis is on making changes in the client's mental organization of reality so they can have more choices and can behave differently in a variety of contexts. The outcome of NLP-based interventions should be observable in the relationship contexts. (NB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED285068

NEURO-LINGUISTIC PROGRAMMING IN COUPLE THERAPY

Bruce D. Forman, Ph.D.

University of Miami
P.O.Box 248065
Coral Gables, FL 33124

CG 020110

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Bruce D. Forman

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Paper presented at the 44th Annual Conference of the American Association for Marriage and Family Therapy

Orlando, FL, October, 1986

BEST COPY AVAILABLE

NEURO-LINGUISTIC PROGRAMMING IN COUPLE THERAPY

Bruce D. Forman, Ph.D.

University of Miami

Neuro-Linguistic Programming (NLP) is a method of understanding the organization of subjective human experience. As such, the model provides us with a theoretical framework for directing or guiding therapeutic change. Since the emphasis is on the structure of subjective experience rather than the content of that experience we are enabled to work at a process level which can be useful in expediting the therapeutic process. Much controversy has surrounded NLP as a body of knowledge and set of technical skills since its introduction about a decade ago. A major problem has been misunderstanding. There are other reasons for the controversy including hype on the part of its creators, its appeal to non-professionals who wish to become behavior change agents, and generally offending legitimate practitioners by downplaying our well established tradition of linking new ideas to the nomological network of old ideas and theoretical constructs. As a result of the controversy NLP has been somewhat tainted by a reputation of seeming gimmicky and faddish. Fortunately, more serious and reasoned inquiry into the NLP model has begun and I believe there is a good deal of merit to justify further study.

Although most of the contributors to of NLP literature have not expounded on the theoretical underpinnings in a way that we are accustomed to in reading professional literature there is a core of theory that has been appropriated. Without getting into a long winded and boring discussion of the philosophies, let's just say that NLP represents an amalgam of phenomenology, associationism, and cognitive behaviorism, in addition to transformational grammar and psychobiology.

The influence of Alfred Korzybski and Gregory Bateson are evident in a fundamental NLP tenet that people experience the so-called real world indirectly; experience is filtered through a template and becomes part of the model of reality each of us has. We operate on the so-called real world as if were just like the model of it we have in our heads, but of course it is not because we have altered it by deleting, distorting, and generalizing. Understanding these processes of how human beings alter their experiences of the world is important to therapists because it provides us with a point where we can intervence. We make the presupposition that if a client has some kind of problem it is due to a limitation in their model of reality. When working with a couple there may be trouble with one or both person's model, or even with the couple's shared reality.

Let me give you an example of how this presuppostion can be

used in working with a couple. Using the intervention of META MODEL QUESTIONS FOR CLARIFYING RELATIONSHIP GOALS can be effective in making sure we establish well formed outcomes. Otherwise we could end up working toward a goal that's pretty vague and not achievable. This is useful for setting goals regardless of the treatment model you might work from. Suppose you have a case where the couple comes in and one says certain things have happened and now I've lost TRUST. Often we think we know what the client is talking about when s/he uses this word because we use it ourselves and have heard it dozens of times from other clients. But the simple fact is that we really don't know what TRUST means because it is a nominalization -- a label that stands for some process that is unique for each client. The process now becomes an IT because it has a label and is referred to by a noun - - but you still can't take this IT and put it in a wheel barrow!; it's not a thing. Since the client is referring to her/his internal experience and then translating that REFERENCE STRUCTURE into a SURFACE STRUCTURE of language it is first necessary for me to help the clients to articulate other elements contained within their personal reference structure so that we can know just what they're talking about and develop treatment goals in a way that makes them obtainable. So, I ask meta model questions that guide the client to deleted parts of her/his experience of TRUST. I ask what's different now than when you used to have TRUST? How will you know when you have it? I often

get responses that have to do with kinesthetic anchors or certain feeling states. For instance, I had a client tell me that TRUST is made up of caring, reliance, and sharing comfort. Even though these are still nominalizations I can continue the process of refining the meanings and work toward getting sensory and observable outcome goals. The client says he will have certain feelings that he will rate as being at such and such a level on a 10 point scale in this situation, or another, and when he has that he will be able to behave in a specific way with the partner which she'll be able to confirm because it's observable behavior. The client has given me a description of the process that he goes through in order to derive the connative meanings, or what we refer to as a COMPLEX EQIVALENT.

Then we can FUTURE PACE which means the clients are directed to imagine themselves in the future having TRUST and behaving in the desired ways. What I might do is ask them to float out of their body (i.e., dissociate without trance induction), walk out to the edge of their future, turn around and look back to find out when they got their outcome, what they look like, and what was in the way to getting there -- then re-associate with the new understanding and anchor it to their current experience. Then we can find out if there is anything else that might block them in achieving the goal and then we would set up a contract for us to work on this goal.

Another strategy in couple work involves collapsing anchors,

which is probably one of the most important, yet simple, tools in NLP. Anchors can be thought of as classically conditioned stimuli. I find it helpful to explain anchoring to my clients because this allows then to become more active partners in their own treatment. I provide examples from their experience which demonstrates how simple, and often barely perceptible, cues have become powerful triggers for emotions and behavior. I give them instances of words or visual images that people have strong associations with. We go through a demonstration and I ask the client to provide examples of auditory, visual, and kinesthetic cues for different kinds of feelings to reinforce the concept. Then, I make the connection to their relationship issues.

In my experience, couples in conflict have a learning history that includes lots of negative anchors. After a while they feel uncomfortable just looking at one another or hearing the other's voice. I find it important to interrupt their pattern of bouncing off each other with negative K(inesthetic) and install some positive K(inesthetic) by going through some anchoring exercises. I might ask them to find some pleasureable memories -- if not with one another something else. Then I'll have them anchor this experience -- usually kinesthetically; then we'll stack the anchor which means we go through a few trials to establish the client's ability to re-experience the positive state by activating the anchor themselves. Clients seem to enjoy the anchoring experiences and it's also important that you build

associational links between feeling good and being with their partner. It's also important that the clients have a postive anchor established with the therapist's office so they will come back to your office enough times to get their therapeutic outcomes. (Have you ever had the experience of having a client tell you that whenever they came to your office they start to feel awful?) Once the clients have learned about positive anchors and can activate them I like to have the couple establish interactive anchors. This means they must learn to read minimal cues in their partner so they can identify a changed internal state, which I teach them to do by observing each other while retrieving a pleasureable memory. Then I have them set up and activate an anchor (usually a kinesthetic one -- handholding). The next step is to have the partners collapse anchords between negative memories of their relationship and newly established positive anchors. Most clients are surprized at the results and say they are encouraged by what they've learned. What makes this work is how it's all framed for the clients and making sure that the positive anchors are firmly established and pretty strong because they are competing with a well ingrained habit. You have an out if the client gets only a small change -- and they virtually always do -- that is, the positive anchor needs to be strengthened and then you repeat your procedure.

I've found Family of Origin (FOO) work to provide a rich source of traumatic experiences and foundations for understanding

how particular patterns of relating to others have developed that interfere with current relationship functioning. We can think of the FOO as the context in which the rules for how to interact with people that we have emotional bonds with have been developed. These rules become an integral part of our maps of reality that we operate off of in current intimate relationships as well as other relationships that may resemble - even slightly - the original relationship wherein a strategy was learned. By making a series of changes in the organization of the original experience, or what is contained in a person's map, that person may now have a choice in how to repsond in the current relationship context. We make the assumption that only the present time exists. The past and the future are both contained in a client's map of reality and can thus be altered therapeutically.

There are a variety of ways you can make changes in a client's mental organization of a FOO experience, such as by using a V-K Disassociation, or Submodality shifts, or simply using Swish patterns. The V-K disassociation is used a great deal in treating phobias and other ocassions where there are traumas. If you think of a childhood experience like being criticized and scolded publically by a parent and then feeling very bad, as a kind of trauma -- you have something that can be treated with this procedure. I've found that when one spouse reacts intensely

to criticism by a spouse this works rather well. Sometimes the original experience is found in FOO, sometimes in the history of this relationship, and sometimes in earlier relationships. It doesn't matter what the context is, the treatment is exactly the same. I like to use genograms because of my Bowenian training. Genograms are useful because they allow us to get a visual dissociation from past experiences, which is therapeutic by itself. However, we are primarily interested in getting at the origins of problem patterns that continue into the present. Maybe it would be worthwhile for me to go over the Visual-Kinesthetic Disassociation procedure with you.

1. Begin by establishing rapport with the client. In NLP practice this means matching the client in a number of behavioral systems so that the client will follow your lead, outside of awareness.
2. Have the client recreate the uncomfortable state in real time and anchor it.
3. Take the client back in time to the original traumatic experience.
4. Associate with the original experience so they feel, see, and hear now just what they did then.
5. Return to the present time and interrupt the negative kinesthetic experience.
6. Create a positive kinesthetic experience and provide an anchor for comfort and security along with a signal to the therapist in case it is necessary to slow down (what we call a comfort or

bail-out anchor).

7. Give the client instructions to close her/his eyes and imagine the original experience was filmed and that it is now possible for another self, sitting directly in front of the client, to view this on an imaginary TV across the room.

8. Have the client review the original episode while experiencing positive feelings in the dissociated state.

9. After the scene is completed, have the younger self step off the screen and onto the client's lap.

10. Have the client comfort the younger self and let her/him know that the experience was survived and life continued.

11. Re-associate younger self and present self.

12. Future pace to assure client that previous discomfort can be greatly diminished or removed when the situation is now experienced.

In summary, NLP is fundamentally a kind of strategic therapy since we are concerned with identifying sequences or paterns of behavior and interupting them in specific ways. Rather than focusing on the relationship content itself, the emphasis is on making changes in clients' mental organization of reality so they can have more choices and behave differently in other contexts. Although NLP-based interventions focus largely on individual maps we do remember that the outcomes we want to achieve are observable in the relationship context.